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Efforts to Lessen the Impact of Upheaval on Migrant Laborers in India During the COVID-19 Pandemic

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Coronavirus disease 2019 (COVID-19) caused by severe acute respiratory syndrome coronavirus 2 has spread worldwide and affected the mental status and well-being of migrant workers during the lockdown phase in third world countries like India. Recently, Andrade¹ documented the humanitarian crisis among migrant workers during lockdown due to the COVID-19 pandemic. We present a preliminary report of district activities conducted by the District Mental Health Program (DMHP) team in Chandigarh, India, regarding some timely measures adopted to minimize the impact of lockdown on the mental health status of migrant workers. This report may better enable primary care mental health professionals to understand the mental health issues faced by migrant workers in this vulnerable section of society in third world countries.

India was one of the first developing countries to adopt the DMHP.² In the Chandigarh district, this program is conducted under the administration of the state mental health institute in collaboration with the Department of Psychiatry, Govt Medical College and Hospital, Chandigarh. During lockdown due to the COVID-19 pandemic, which was declared on March 25, 2020, psychosocial and counseling services were provided to migrant workers staying in a shelter home in a rural area on the outskirts of Chandigarh. The shelter had enough space for social isolation and recreational activities. For well-being and issues related to mental health amid the lockdown, different teams have been formed with approval of the director of medical education and research in Chandigarh. The regular mental health care services were provided by DMHP teams, which included a consultant psychiatrist, counselors, and a clinical psychologist. A multimodal strategy was implemented to address the issues related to well-being and mental health, including emotional and psychological needs. Standardized guidelines issued by

national mental health agencies were adopted to provide psychosocial counseling on various themes related to well-being and mental health issues of migrant workers.³ The district activities were performed during regular visits to the shelter home. Access to medical and psychiatric facilities was provided to migrant workers at regular intervals. The district and local administration agencies were sensitized by the DMHP teams to tackle various communication issues so that the workers could talk to family members in other states.

Telepsychiatry with a regular 24/7 helpline for mental health issues and all other relevant services were provided to migrant workers and caretakers of the shelter home. Regular assessment and early intervention of mental disorders was undertaken with standardized interventions.

A total of 61 migrant workers utilized the counseling services provided by the DMHP team. The majority of the workers were young, male, illiterate, daily wagers, and their native homes were far from Chandigarh in different states of India (eg, Uttar Pradesh, Rajasthan, Bihar, West Bengal, Karnataka). A total of 8 participants had psychosomatic symptoms, anxiety symptoms, insomnia, and adjustment problems. One patient developed psychotic symptoms and was provided inpatient services in the acute psychiatry ward of Govt Medical College and Hospital, Chandigarh.

The COVID-19 pandemic and lockdown phases have created many mental health problems for this vulnerable section of society. The administrative and policy planners were regularly updated to adopt some transport measures so that migrant workers can reach their homes safely when the situation improves. The future of any nation belongs to them, and this vulnerable population deserves the attention of mental health professionals, social scientists, and economists and policy planners.

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